Attorney Docket No. PV-12

	DECLAR	ATION AND POWER (OF ATTORNE	Y			
I believe I am the original,	(P: r, I hereby declare that: address and citizenship are as stated below r first and sole inventor (if only one name is list sought on the invention entitled: <u>DECORATI</u>	ed below) or an original, first and join	t inventor lif nkural nam	es are stated bel	ow) of the subject	ct matter which is clai	ime
the specification of which	Total and an annual ann	L DINOCIONE HAVING DISPENSE	D CHEMICAL ILLUMIN	IATIUM SUUKCE	<u>:5</u>		
X is attach							
was filed	i on	as Application Serial No.	and was a	mended on _			
I hereby claim foreign priori	reviewed and understand the contents of the disclose information which is material to the ity benefits under Title 35, United States Cod ent or inventor's certificate having a filing da	examination of this application in ac a, §119 of any foreign application(s)	cordance with Title 37, for patent or inventor's which priority is claimed	, Code of Federa certificate listed	d Doordations &1	o abova.	an
	COUNTRY	APPLICATION NO.	DATE OF FILIN	- 1	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
			i i.				-
					YES	NO	4
TOTAL OF POOPLEN AND	CATIONS CONTINUED ON PAGE 2 HEREOF:	YES NO _X_			YES	NO	╝
Application Se (Application Se (Application Se (Application Se (Application Se (Application Se)		nded by the first page of Title 35, Un red between the filling date of the prio (e) (e)	ited States Code, §112 or application and the n (Status) (Status)	. I acknowledge ational or PCT in atented, pending,	the duty to disc ternational filing , abandonad)	lose material informat date of this applicati	ion on:
	TO: LaMORTE & ASSOCIATES, P.C. P.O. BOX 434 Yardley, PA 19067-8434		DIRECT TELEPHONI CALLS TO:		Morte, Esq. 321-6772		
FULL NAME OF INVENTOR #1	LAST NAME: NELSON	FIRST NAME: WEBB	l .	MIDDLE INITI	AL:		
residence & Citizenship	CITY: WOODINVILLE	STATE OR FOREIGN COUP WASHINGTON	STATE OR FOREIGN COUNTRY: WASHINGTON		COUNTRY OF CITIZENSHIP:		
POST OFFICE Address	POST OFFICE ADDRESS: 19180 144th Ave. NE	CITY: WOODINVILLE			UNTRY AND ZIF		
FULL NAME OF INVENTOR #2	LAST NAME: CHERNICK	FIRST NAME: MARK		MIDDLE NAME	:		
RESIDENCE & CITIZENSHIP	CITY: WOODINVILLE	STATE OR FOREIGN COUN WASHINGTON	ITRY:	COUNTRY OF	CITIZENSHIP:		
POST OFFICE Address	POST OFFICE ADDRESS: 19180 144th Ave. NE	CITY: WOODINVILLE	7 7 7 7 7		UNTRY AND ZIP		
FULL NAME OF INVENTOR #3		FIRST NAME:	FIRST NAME:		MIDDLE NAME:		
RESIDENCE & CITIZENSHIP			STATE OR FOREIGN COUNTRY:		COUNTRY OF CITIZENSHIP:		
POST OFFICE ADDRESS	POST OFFICE ADDRESS:	сіту:		STATE OR CO	OUNTRY AND ZIF	CODE:	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 10 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor#1	Signature of Inventor #2 Ual A. Cleriach	Signature of Inventor #3
Date: 12/10/09	Date: 12-(0-01	Date:

SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF: YES ____ NO X

LISTING OF INVENTORS CONTINUED ON PAGE 2 HEREOF: YES